



June 5, 2000

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

U.S. EPA Region III
RCRA Programs Branch
Pennsylvania Section (3 HW51)
841 Chestnut Building
Philadelphia, PA 19107

RE: Owens-Brockway Glass Container Inc. Plant #17
151 Grand Avenue
Clarion, PA 16214
EPA I.D. #PAD004379046 **PAD000620047**
Notification of Generator Status Change
Small Quantity to Large Quantity Generator

Dear Sir or Madam:

As required under Pennsylvania Code, Title 25, Chapter 261.41 (a) (7) the following notification is given. During the month of April '00, the referenced facility qualified as a large quantity generator due to the level of hazardous waste generated from a glass melting furnace maintenance program.

The attached form reflects the activity that occurred in April '00, as well as, the current hazardous waste activity at the referenced facility.

This facility returned to the small quantity generator by the end of April and will remain, as such, for the foreseeable future.

Sincerely,

D. Randy Phillips
Environmental Affairs

attachments



lease refer to the *Instructions*
r *Filing Notification* before
ompleting this form. The
ormation requested here is
quired by law (Section 3010
the *Resource Conservation*
nd *Recovery Act*).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

PAD000620047

II. Name of Installation (Include company and specific site name)

WENS-BROCKWAY GLASS CONTAINER INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

51 GRAND AVENUE

Street (Continued)

City or Town

State

Zip Code

CLARION

PA

16214

County Code

County Name

31

CLARION

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

ame

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

EKULA

STEVE

Job Title

Phone Number (Area Code and Number)

PLANT ENGINEER

(814) 226-0545

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

Ownership (See Instructions)

Name of Installation's Legal Owner

WENS-BROCKWAY GLASS CONTAINER INC.

Set, P.O. Box, of Route Number

IE SEAGATE

City or Town

State

Zip Code

PLEDO

OH

43666

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

(19) 247-5000

P

P

Yes

No

04

30

90

ID - For Official Use Only

III. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<p>Generator (See instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p><input type="checkbox"/> 4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

X. Description of Hazardous Wastes (Use additional sheets if necessary)

1. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> D004 <input checked="" type="checkbox"/> D006 <input type="checkbox"/> D007 <input type="checkbox"/> D008

3. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F001	2 F005	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1 D035	2	3	4	5	6
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C. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>J.P. Kunkle</i>	Name and Official Title (Type or print) J. P. KUNKLE - PLANT MANAGER	Date Signed 6-9-00
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XI. Comments

THE FACILITY RETURNED TO SMALL QUANTITY LEVELS OF HAZARDOUS WASTE AT THE END OF 4/00

Bah/BB/7-11-00 changed gen status from LAG

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

SDG